



2/27/06

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/766298-Conf. #9344
		Filing Date	January 27, 2004
		First Named Inventor	Edward J. Sommer, Jr.
		Art Unit	3654
		Examiner Name	T. H. Matthews
Total Number of Pages in This Submission	57	Attorney Docket Number	S1404.70004US01

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	- Amendment Transmittal
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	- Copy of Cited Reference
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	- Copy of Preliminary Amendment submitted 9/3/2004 with Stamped Return Receipt Postcard
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Daniel P. McLoughlin		
Date	February 27, 2006	Reg. No.	46,066

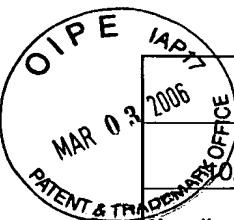
### Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 2/27/2006

Signature:

TRISH MCDONALD



# AMENDMENT TRANSMITTAL LETTER

Docket No.  
S1404.70004US01

Application No.  
10/766298-Conf. #9344

Filing Date  
January 27, 2004

Examiner  
T. H. Matthews

Art Unit  
3654

Applicant(s): Edward J. Sommer, Jr. et al.

Invention: SORTING PIECES OF MATERIAL BASED ON THE PHOTONIC EMISSIONS RESULTING FROM MULTIPLE SOURCES OF STIMULI

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	58	- 30 =	28	x \$25.00	700.00
Independent Claims	7	- 4 =	3	x \$100.00	300.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month Information Disclosure Statement Fee					510.00 180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,690.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 23/2825 in the amount of \$ 1,690.00  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 23/2825  
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: February 27, 2006

Daniel P. McLoughlin

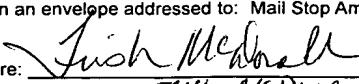
Attorney/Agent Reg. No.: 46,066

WOLF, GREENFIELD & SACKS, P.C.  
Federal Reserve Plaza  
600 Atlantic Avenue  
Boston, Massachusetts 02210-2206  
(617) 646-8238

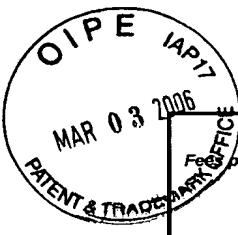
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Dated: 2/27/2006

Signature: 

Trish McDonald



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,690.00)

### Complete if Known

Application Number	10/766298-Conf. #9344
Filing Date	January 27, 2004
First Named Inventor	Edward J. Sommer, Jr.
Examiner Name	T. H. Matthews
Art Unit	3654
Attorney Docket No.	S1404.70004US01

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of  Credit any overpayments  
 fee(s) under 37 CFR 1.16 and 1.17

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Small Entity Fee (\$)	Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues) 50 25  
 Each independent claim over 3 (including Reissues) 200 100  
 Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
58	- 30 = 28	x 25.00	= 700.00	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
7	- 4 = 3	x 100.00	= 300.00	

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

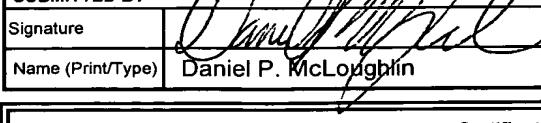
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x		=

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension for response within third month 510.00  
 Information Disclosure Statement Fee 180.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,066	Telephone	(617) 646-8330
Name (Print/Type)	Daniel P. McLoughlin			Date	February 27, 2006

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Dated: 2/27/2006

Signature: 

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